## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

33154-12

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                           |                                       |              |                  |          | SMALL ENTITY TYPE  |                        |      | OTHER THAN SMALL ENTITY |                        |
|---|--|---|---------------------------|---------------------------------------|--------------|------------------|----------|--------------------|------------------------|------|-------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 15                        |                                       |              | ·                |          | RATE               | FEE                    | ٦    | RATE                    | FEE                    |
| F   | OR   |   | NUMBER FILED              |                                       | NUMBER EXTRA |                  |          | BASIC FE           | E 385.00               | OR   | BASIC FEE               |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | /S minus 20=              |                                       | *            |                  |          | X\$ 9=             |                        | OR   | X\$18=                  |                        |
| IN  | DEPENDENT C                                    | CLAIMS                                    | 2 m                       | inus 3 =                              | *            |                  |          | X43=               |                        | OR.  | X86=                    |                        |
| М   | ULTIPLE DEPE                                   | NDENT CLAIM P                             | RESENT                    |                                       |              |                  |          | +145=              |                        | OR   | +290=                   |                        |
| *   | f the difference                               | e in column 1 is                          | less than zero, enter "0" |                                       |              | column 2         |          | TOTAL              | 385                    | OR   | TOTAL                   |                        |
|   | C  |   | MENDE                     | ED - PART II                          |              |                  |          |                    |                        | _    | OTHER                   |                        |
| _   | <del></del>                                    | (Column 1)  CLAIMS                        |                           | (Colum                                |              |                  | 1 -      | SMALL              | ENTITY                 | OR   | SMALL                   | ENTITY                 |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |                           | NUMB<br>PREVIO<br>PAID F              | BER<br>USLY  | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                     | **                                    |              | =                |          | ·X\$ 9=            |                        | OR   | X\$18=                  |                        |
| AME   | Independent                                    |   |                           |                                       | =            |                  | X43=     |                    | OR                     | X86= |                         |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                           |                                       |              |                  |          | +145=              | † · · · · · ·          | OR   | +290=                   |                        |
|   |  |   |                           |                                       |              |                  |          | TOTAL              | <del> </del>           | 4 4  | TOTAL                   |                        |
| (Onlyme 4)  |  |   |                           |                                       |              |                  |          |                    |                        | OR , | ADDIT. FEE              |                        |
| _   |  | (Column 1)                                |                           | (Colum<br>HIGHE                       |              | (Column 3)       |          | -                  |                        |      |                         |                        |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                           | NUMB<br>PREVIOU<br>PAID F             | ER<br>JSLY   | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                     | **                                    |              | =                | f        | X\$ 9=             |                        | OR   | X\$18=                  |                        |
|   | Independent                                    | *   | Minus                     | ***                                   |              | = .              | <b> </b> | X43=               |                        | 1 T  | X86=                    |                        |
| `   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                           |                                       |              |                  | -        |                    |                        | OR   | 7.00-                   |                        |
|   |  |   |                           |                                       |              |                  | L        | +145=              |                        | OR   | +290=                   | •                      |
|   |  |   |                           |                                       |              |                  | ΑĮ       | TOTAL<br>DDIT. FEE |                        | OR A | TOTAL<br>DDIT. FEE      |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                           |                                       |              |                  |          |                    | . •                    |      |                         |                        |
| ≶ L   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                         | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R<br>JSLY    | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                     | **                                    |              | =                |          | X\$ 9=             |                        | OR   | X\$18=                  |                        |
|   | Independent                                    |   | Minus                     | ***                                   |              | =                | -        | X43=               |                        |      | X86=                    |                        |
| 1   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                           |                                       |              |                  | $\vdash$ | 7.40-              |                        | OR   | 700-                    |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                           |                                       |              |                  |          |                    |                        | OR   | +290=                   |                        |
| **If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                           |                                       |              |                  |          |                    |                        |      |                         |                        |